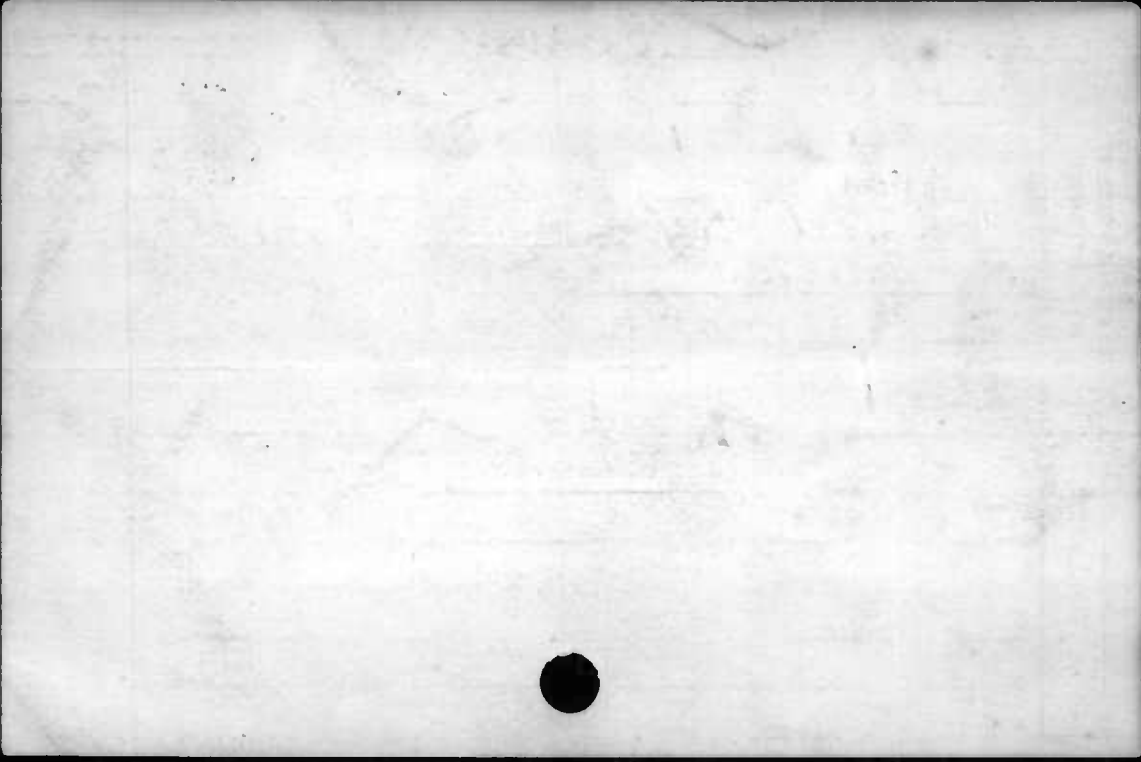
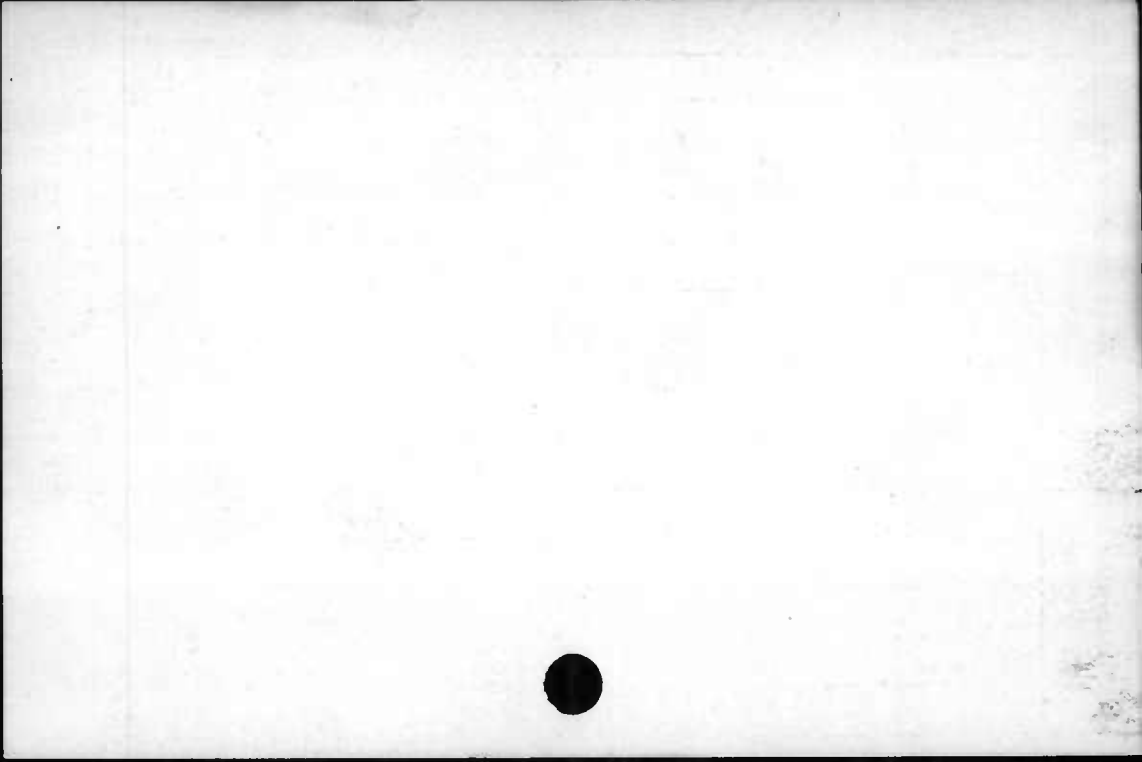


Name in Full		Lydia Ann Bowser				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hilmon	County Barritt	MARYLAND			
		Date of death		Month Feb	Day 1	Years 84	Months 9	Days 21	
		Sex	female		Color or Race	White		Birth-place	Somerset Pa
		Occupation	house keeper		Where Residing if not at place of death	Cone Md			
		Married, Single or Widowed	married		Name of Wife or Husband	Frank Bowser			
Father's Name		William Holiday				Father's Birthplace		Somerset Pa	
Mother's Maiden Name		Rebecca Holiday				Mother's Birthplace		--- --	
Name of person giving information		Perry Frazee				How related to deceased		Ma	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Bronchitis		How long	18 days		
		Immediate		Broncho Pneumonia		How long	4 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H.R. Buyer			
				Address		Cecilus Md.			
		Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Granville</i>		County <i>Carroll</i>		STATE <i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>12</i>	Years <i>76</i>	Months <i></i> Days <i></i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Elk Lick, Mercer Co, Pa</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at Granville</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rehanna Beahy</i>				
	Father's Name <i>John Beahy</i>		Father's Birthplace <i>Mercer Co Pa</i>			
	Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Jacob Beahy</i>				How related to deceased <i>Son</i>		
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">179</span>						
PHYSICIAN OR CORONER	Primary <i>Guns Liability</i>		How long <i>4 Years</i>			
	Immediate <i>Mitral Regurgitation</i>		How long <i>One Week</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. T. Robinson</i>			
			Address <i>Granville Md</i>			
Accident or Suicide? <i></i>						



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

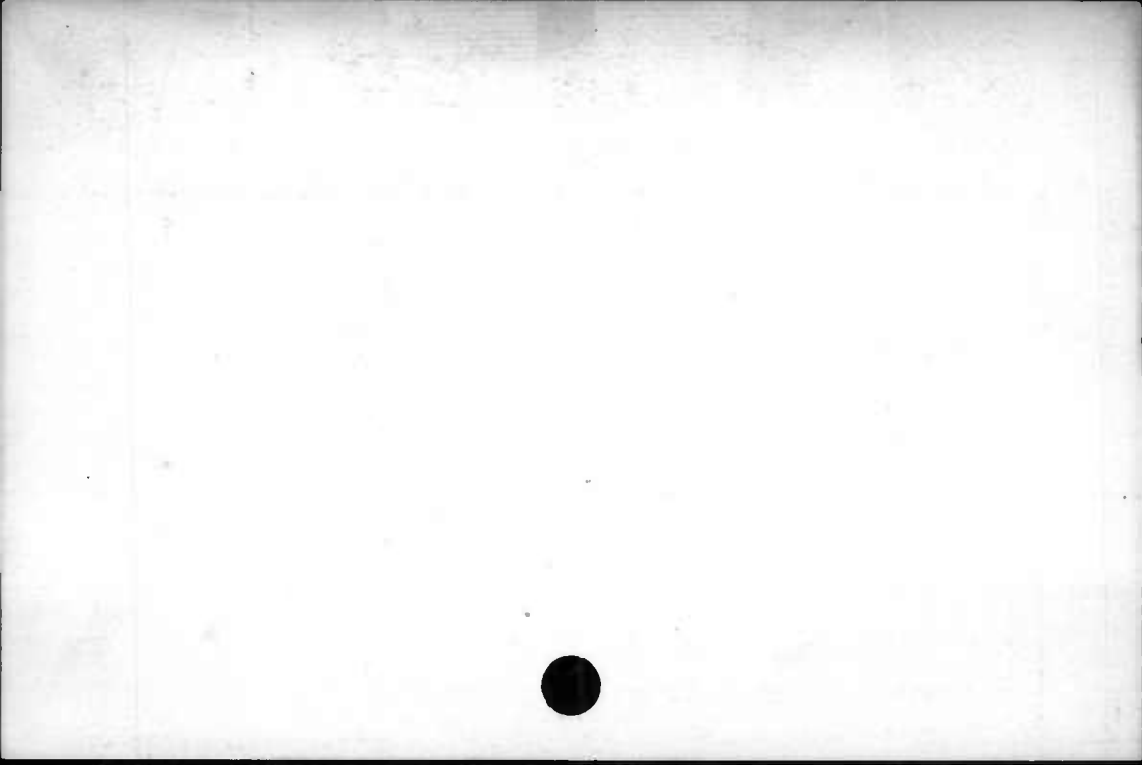
PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Oakland</i> <sup>Town</sup>		<i>Barren</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>2</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	<i>about 45-50</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>		
Occupation <i>None</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Bradley Jr</i>				
Father's Name <i>M. N. N. N.</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i></i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Naggie Bradley</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Pulmonary tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Asphyxia</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. E. E.</i>
	Address <i>Oakland Md</i>
Accident or Suicide? <i></i>	



Remy Conneway

Town

County

Died at near Deer Park Garrett

MARYLAND

1906 Month Day Y. M. D. Native of Occupation

Date 1906 February 28 Age 12

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

John J Conneway

Mother's

Name

Blanche  
Luzie Conneway

Cause of

Primary

Diphtheria

Death

Immediate

How long sick

Two weeks

Accident, Suicide, Homicide

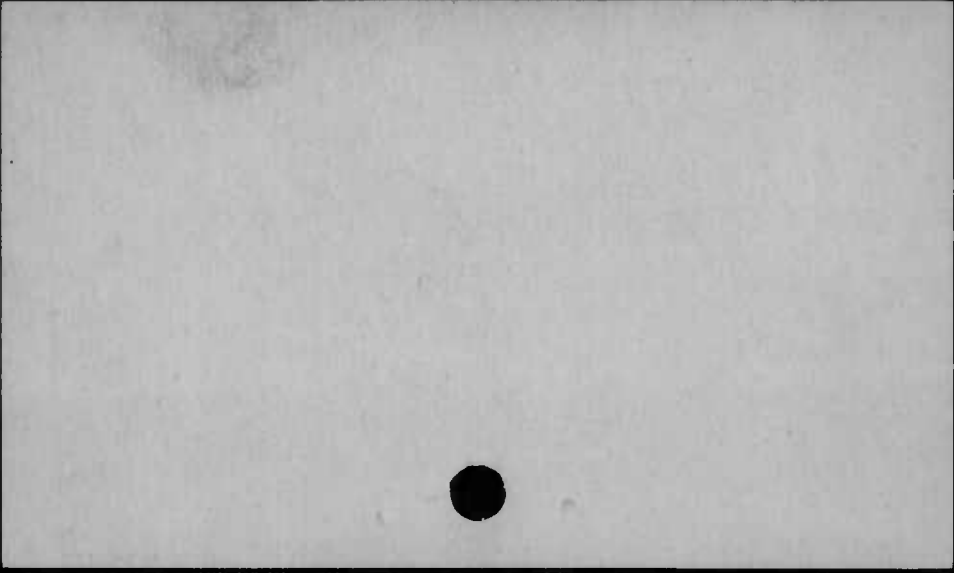
Reported by

J. W. Langhein.

Address

Mountain Lake Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name

in

Full

Susan Foley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

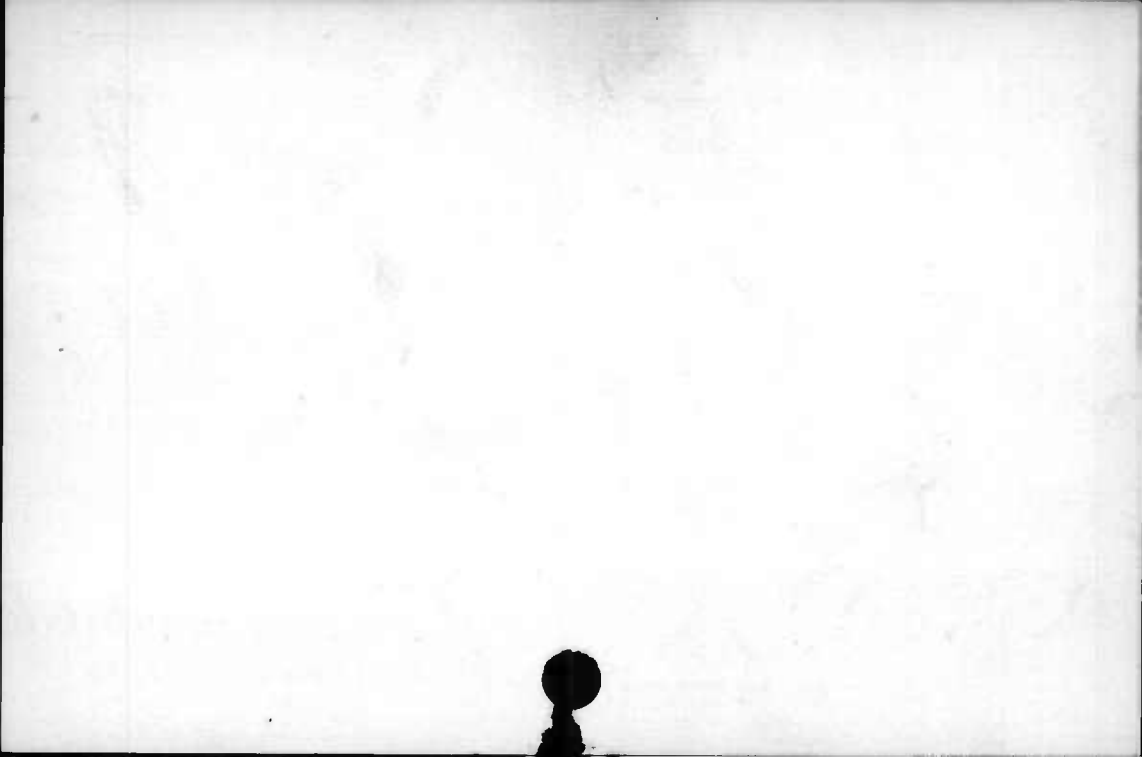
MARYLAND

Died at		Town <u>Garrett</u>		County <u>Garrett</u>	
Date of death	1906	Month	2	Day	11
Age		70		Months	
Sex	Female		Color or Race	White	
Occupation	Living with daughter		Where Residing if not at place of death	At place of death	
Married, Single or Widowed	Widowed		Name of Wife or Husband	Susan Foley	
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	Robert Pough				How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	Two years
Immediate	Capillary Bronchitis		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. W. W. Conrad		
Address		Oakland, Md.		
Accident or Suicide?				



Name

in

Full

Gilpen Twin #2

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Swanton TownCounty GarnettDate of death 1906 Feb. MonthDay 26Age — YearsMonths —Days 1Sex maleColor or Race whiteBirth-place Swanton MdOccupation InfantWhere Residing if not  
at place of death~~Married~~, Single  
~~or Widowed~~Name of Wife or  
Husband Persocia E GilpenFather's Name James W. GilpenFather's Birthplace Md.Mother's Maiden Name Persocia E. RawlingsMother's Birthplace W. VaName of person giving  
Information James W. GilpenHow related  
to deceased Father

## CAUSES OF DEATH

Primary Inanition

How long

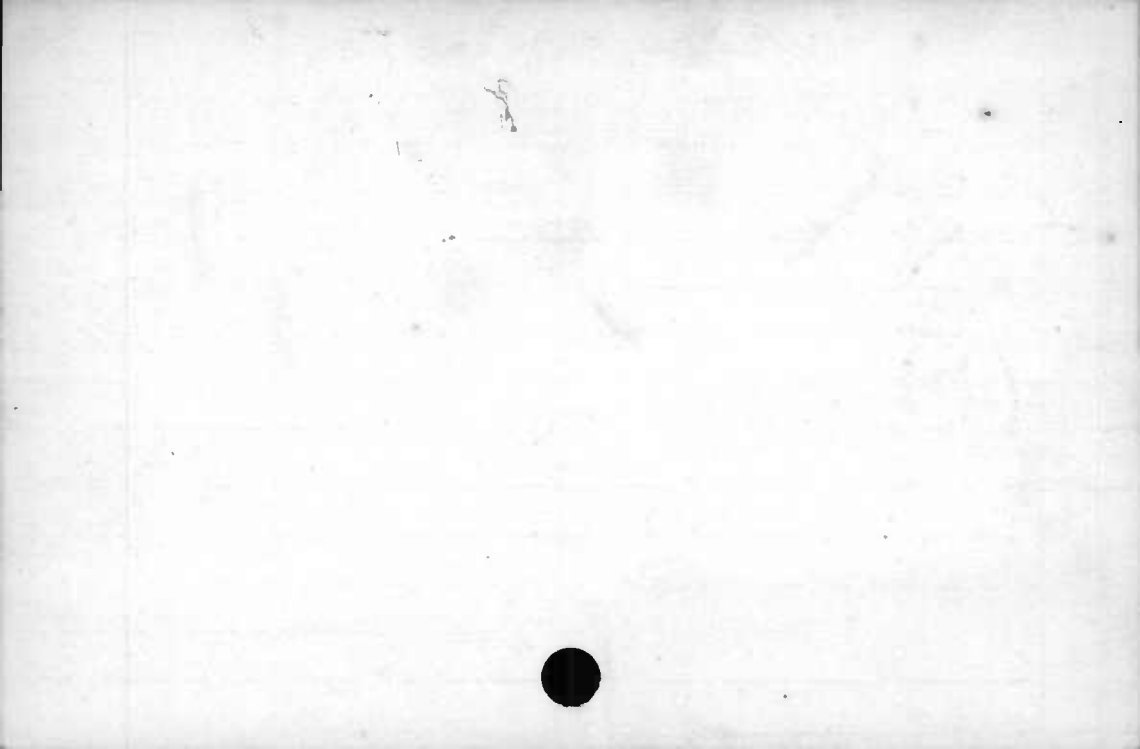
Immediate Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician

Address

G. Hazenbaker M.D.  
Swanton  
Md.Accident or Suicide? —



Name in Full		TOWN		COUNTY		STATE	
Gilpen		TWIN #1		Garrett		MARYLAND	
Died at		Swanton		Garrett		MARYLAND	
Date of death		1906	Month Feb.	Day 26	Age —	Months —	Days 1
Sex male		Color or Race white		Birthplace Swanton Md.			
Occupation Infant		Where Residing if not at place of death		—			
Married, Single or Widowed —		Name of Wife or Husband Percocia E. Gilpen					
Father's Name James W. Gilpen		Father's Birthplace Md.					
Mother's Maiden Name Percocia E. Rawlings		Mother's Birthplace Wva					
Name of person giving information James W. Gilpen		How related to deceased Father					
CAUSES OF DEATH							
Primary Swanton		(151)		How long 24 or			
Immediate Exhaustion				How long 36 Hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B. J. Hagenbaker Md.		Address Swanton Md.			
Accident or Suicide? —							



Name  
in  
Full

*Albert B Kelley* 711/1000

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Kendall</i>		County <i>Golbert</i>		MARYLAND	
Date of death	1904	Month <i>Feb</i>	Day <i>7</i>	Age	Years	Months	Days <i>5 1/2</i> Hours
Sex	<i>male</i>		Color or Race	<i>white</i>		Birthplace	<i>Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Albert Kelley</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Ellen M. Wilson</i>					Mother's Birthplace	<i>W. Va.</i>
Name of person giving information	<i>Albert Kelley</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(179)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>S. Savage Undertaker</i>
		Address
		<i>Friendsville Md</i>
Accident or Suicide?		

Blooming Rose



Name in Full		Grace R Riley				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>her father's home</i>		County <i>Garrett</i>		MARYLAND				
	Date of death	1906	Month	Feb	Day	9	Age	20	
					Months		10	Days	12
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birthplace	<i>Md</i>	
	Occupation				Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband				
	Father's Name		<i>James Riley</i>		Father's Birthplace			<i>W Va</i>	
	Mother's Maiden Name		<i>Estabel Wolf</i>		Mother's Birthplace			<i>W Va</i>	
	Name of person giving information		<i>Estabel Riley</i>		How related to deceased			<i>mother</i>	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		<i>Consumption</i>		How long			<i>(27)</i>	
	Immediate				How long				
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician			<i>S. Savage Undertaker</i>	
					Address			<i>Friendsville Md</i>	
	Accident or Suicide?								

Alfred Jansons

Name in Full		Edward Rodgers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
	Father's Name <i>Charles Rodgers</i>	Father's Birthplace <i>Washington D C</i>					
Mother's Maiden Name <i>Kellie Kline</i>	Mother's Birthplace <i>Washington D C</i>						
Name of person giving information <i>Kellie Kline</i>	How related to deceased <i>Mother</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>		How long <i>5 days</i>				
	Immediate		How long <i>"</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. F. Mason M.D.</i>				
			Address <i>Friendsville Md.</i>				
Accident or Suicide? <i>—</i>							

Friendsville Steal grave yard

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>her home</i>			Town <i>Garrett</i>			County <i>Garrett</i>			MARYLAND		
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>27</i>		Age <i>76</i>		Years <i>76</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Where Residing if not at place of death					
Occupation <i>House work</i>											
Married, Single or Widowed <i>Widow</i>				Name of Wife or Husband							
Father's Name <i>Abraham Pike</i>						Father's Birthplace					
Mother's Maiden Name <i>Mary Thomas</i>						Mother's Birthplace					
Name of person giving information <i>John Wakefield</i>						How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>		How long <i>(18)</i>	
Immediate <i>Erysipelas</i>		How long <i>2 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Mason, M.D.</i>	
		Address <i>Friendsville</i>	
		<i>Md.</i>	
Accident or Suicide? <i>—</i>			

Sand Spring